MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11559

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke, Md. R.F.D. — LENGTH OF STAY (In this place): ------
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Costen Station crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover, Md. R.F.D.
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Ballard

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: about 1915

9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Log

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known Lenora Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No or unknown) If yes, give war or dates of service: No

16. SOCIAL SECURITY NO.: ------

17. INFORMANT: John Smullen (Employer)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Head split open and crushed. Left leg broken. — Interval Between Onset and Death: Instant-aneous.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ------

19a. DATE OF OPERATION: ------ — 19b. MAJOR FINDINGS OF OPERATION: ------

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Old Route 13 — (CITY OR TOWN): North of Pocomoke City — (COUNTY): Worcester. — (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov. 7 1950 11:25 A.M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Timber truck struck by Train 453 P.R.R.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Henry M. Lankford M.D. — ADDRESS: Princess Anne Md. — DATE SIGNED: 11/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: 11-12-50 — NAME OF CEMETERY OR CREMATORY: Evergreen Chapel — LOCATION (City, town, or county) (State): Green Hill, Md.

DATE REC'D BY LOCAL REG. 11 Nov 50 — REGISTRAR'S SIGNATURE: R.S. Johnson, M.D. — 24. FUNERAL DIRECTOR: William H. James Jr. — ADDRESS: Princess Anne, Md.

2d William H James Jr Princess Anne Md

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NOV 14 1950

11560

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nelson (Middle) (Last) Davis

4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 1950

5. SEX M.

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 2, 1910

9. AGE last birthday 40 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Vienna, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Davis

14. MOTHER'S MAIDEN NAME Susie Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

16. SOCIAL SECURITY NO. 220-03-6037

17. INFORMANT AND ADDRESS Jessie Davis - Deal Island Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset and Death: 6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypirtension

331 83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov 15th, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elton G. Marksman, M.D. Prin. Anne, Md 11-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 22, 1950

NAME OF CEMETERY OR CREMATORY Vienna

LOCATION (City, town, or county) (State) Vienna - Dorchester, Md.

DATE REC'D BY LOCAL REG. 11/21/50

REGISTRAR'S SIGNATURE K.F. Johnson, M.D. 98849

24. FUNERAL DIRECTOR ADDRESS

Charles H. Ward - Mason Sta., Md. Box 235.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11561

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loretta
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE 920 North 41st. COUNTY Phila., Pa.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phila, Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) (Last) Furlow

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-28-28

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Tifton, Ga.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Clayton Furlow

14. MOTHER'S MAIDEN NAME: Juanita (n) Furlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): War II. 6-27-46 Unknown

17. INFORMANT AND ADDRESS: Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.5 **Immediate cause** (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

170 C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 13 South
(CITY OR TOWN): Princess Anne (COUNTY): Somerset (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 11-24-50 10½ m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Allen M. Wheatley M.D. ADDRESS: Princess Anne Md DATE SIGNED: 11/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-28-50
NAME OF CEMETERY OR CREMATORY: Tifton Cemetery
LOCATION (City, town, or county) (State): Tifton Ga.

DATE REC'D BY LOCAL REG.: 11/25/50
REGISTRAR'S SIGNATURE: R. S. Johnson, M.D.
24. FUNERAL DIRECTOR: Lewis R. Walker ADDRESS: gd. Princess Anne, Md 60846

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DEC 7 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11562

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ulysses (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1950

5. SEX: male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: aug 18 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months 2, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 2 abs

10b. KIND OF BUSINESS OR INDUSTRY: C

11. BIRTHPLACE (State or foreign country): marion somerset co md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Handy Hall

14. MOTHER'S MAIDEN NAME: Lovey Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-12-1890

17. INFORMANT AND ADDRESS: Kenna Buttles marion md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592x Immediate cause (a) Uremia Acut Due D Hart — 1 wk

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Arter Sclerosis
(c) Chronic Diff Nephritis Nyasndels

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals Aug, 1945, to Mar 3, 1950, that I last saw the deceased alive on Mar 2, 1950, and that death occurred at 6 4 m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Lucas C Lankford MD — Marion Md Rt 2 — 11/4/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — Nov 5-1950 — Nesley Cemetery — Marion Somerset Co Md

DATE REC'D BY LOCAL REG. 11/4/50 — REGISTRAR'S SIGNATURE Betty Massey — 24. FUNERAL DIRECTOR — ADDRESS
Charles H Ward Marion Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11563

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D.2
LENGTH OF STAY (in this place): 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D.2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) E. (Last) Hedges

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 3, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Milhorn

14. MOTHER'S MAIDEN NAME: Richel Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs Lynn Porter Pr. Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Hemorrhage — Interval Between Onset and Death: 10/25/50 11/20/50

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b): Hypertension — sudden

83a (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 19 50, to 11/20, 19 50, that I last saw the deceased alive on 11/20, 19 50, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Thos. B. Mitchell M.D. — (Degree or title) — ADDRESS: Princess Anne — DATE SIGNED: 11/21/50

23. BURIAL, CREMATION REMOVAL (Specify): buriel

DATE THEREOF: II-22-1950

NAME OF CEMETERY OR CREMATORY: St. Andrew Cemetery

LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: 11/24/50

REGISTRAR'S SIGNATURE: R.H. Johnson, M.D. 2d.

24. FUNERAL DIRECTOR: Lynn B. Wilson — ADDRESS: Princess Anne, Md

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NOV 21 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland-Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) PAUL (Last) HOWARD

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1950 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 12, 1883

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming--owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Somerset County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Howard

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Orland Howard---Pocomoke, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of neck

199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) / INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 49, to Nov. 3rd, 19 50, that I last saw the deceased alive on Nov. 1st, 19 50, and that death occurred at 2:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C V. Somers — ADDRESS Crisfield Md — DATE SIGNED Nov 3rd 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 5, 1950 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery | LOCATION (City, town, or county) (State): Hopewell, Md.

DATE REC'D BY LOCAL REG. 11/4/50 | REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

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NOV 6 1950
BUREAU V. S

11565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield — LENGTH OF STAY (in this place): life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 113 Chesapeake Ave.	STREET ADDRESS (If rural, give location): 113 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) ELIZABETH (Last) LANKFORD

4. DATE OF DEATH (Month) (Day) (Year) 19: Nov. 1, 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 5, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Byrdtown, (near Crisfield) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James P. Lawson

14. MOTHER'S MAIDEN NAME: Melissa Evelyn Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Roland Lankford----Cove St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	15 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
9.4a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 1, 1950 that I last saw the deceased alive on Nov 1, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton M.D. (Degree or title) — ADDRESS: Crisfield — DATE SIGNED: 11/2/50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Nov. 4, 1950 — NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 11/4/50 — REGISTRAR'S SIGNATURE: Betty W. Tyler — 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield — ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 7 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

11566

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26 S

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jackson Johnson Creek Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Johnson Creek Rd

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) E. (Last) Lawson

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1950

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1892

9. AGE last birthday: 58 yrs. If under 1 year: Months 7 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Elmore

14. MOTHER'S MAIDEN NAME: Carey Colona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Frederick W. Lawson - Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar Pneumonia	(?)
	(c)	

490 X
108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to Nov., 1950, that I last saw the deceased alive on Nov 15, 1950 and that death occurred at 5-30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. S Rawley M.D. Crisfield - Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 19. 1950

NAME OF CEMETERY OR CREMATORY: Asbury Cem.

LOCATION (City, town, or county) (State): Crisfield, Md

DATE REC'D BY LOCAL REG. 11/17/50

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Howard L. Carrington Crisfield, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11567

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Eden — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chincoteague
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Delbert (Middle) Lee (Last) LeKites
4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/9/1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Physician
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel C LeKites
14. MOTHER'S MAIDEN NAME: Emery Calhoun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Mrs. Delbert L. LeKites

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck, Crushed Chest

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. ✓

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Public Highway — (CITY OR TOWN): Near Eden — (COUNTY): Somerset — (STATE): Md
TIME OF INJURY (Month) Nov (Day) 2 (Year) 1950 (Hour) 9.30 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M. Lankford (Degree or title) M.D. — ADDRESS: Princess Anne Md — DATE SIGNED: 11/3 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 6 1950 — NAME OF CEMETERY OR CREMATORY: Odd Fellow Cemetery — LOCATION (City, town, or county): Milford Del (State)

DATE REC'D BY LOCAL REG.: 11/3/50 — REGISTRAR'S SIGNATURE: R.S.H. Johnson, M.D. — 24. FUNERAL DIRECTOR: Lewis R. Watson — ADDRESS: Princess Anne, Md.

V3292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 6 1950
BUREAU OF M

MARYLAND STATE DEPARTMENT OF HEALTH

11568

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) (Last) Maddox

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-14-1888

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Somerset County

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Isaiah James (3)

14. MOTHER'S MAIDEN NAME: India Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-05-3261 [219-05-3260]

17. INFORMANT AND ADDRESS: Joseph Maddox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Mucous Colitis — 1 year

573.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

120a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) / INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15th, 1950, to Nov. 1, 1950, that I last saw the deceased alive on Nov. 1, 1950, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Elbon G. Mansman — Princess Anne Md — 11. 4. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11-5-50 — NAME OF CEMETERY OR CREMATORY John Wesley — LOCATION (City, town, or county) (State) Princess Anne Md.

DATE REC'D BY LOCAL REG. 11/4/50 — REGISTRAR'S SIGNATURE R. E. Johnson, M.D. — 24. FUNERAL DIRECTOR William H. James Jr. — ADDRESS Princess Anne Md.

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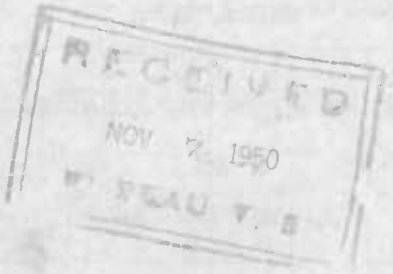
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11569

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loretto — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Princess Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Little Creek
STREET ADDRESS (If rural, give location): U.S. Naval Amphibious Base

3. NAME OF DECEASED (Type or Print) (First) Tom (Middle) (Last) Martin
4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-15-16
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 11-3-44
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: U.S. Navy Health Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8255 Immediate cause (a) Fracture Skull — Instant

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Erimeus both legs Entire left side of face caved in

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rent 13 (Loretto) (CITY OR TOWN) Princess Anne (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) Nov. (Day) 24 (Year) 1950 (Hour) 10:10 p.m.
INJURY OCCURRED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from Dead on Arrival, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 10 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lee B. Wheeler M.D. — ADDRESS: Princess Anne, Md. — DATE SIGNED: 10/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11-29-50
NAME OF CEMETERY OR CREMATORY: Louisiana
LOCATION (City, town, or county) (State): Louisiana
DATE REC'D BY LOCAL REG.: 11/25/50
REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.
24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11570

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) McDorman
4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 17, 1887
9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oriole, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Wallace
14. MOTHER'S MAIDEN NAME: Annie Wallace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Walter McDorman Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Instant

420.1 9 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 2 1/2 mo

(c) Hypertension Essential — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to Nov. 4, 1950, that I last saw the deceased alive on Dead on arrival, and that death occurred at 7 20 p.m., from the causes and on the date stated above.

SIGNATURE: Thos. B Wheeler, M.D. (Degree or title) — ADDRESS: Princess Anne, Md. — DATE SIGNED: 11/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 7, 1950 — NAME OF CEMETERY OR CREMATORY: Chance Cemetery — LOCATION (City, town, or county): Chance (State): Md

DATE REC'D BY LOCAL REG.: 11/6/50 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jr. — 24. FUNERAL DIRECTOR: Dale Dashiell, Princess Anne, Md — ADDRESS:

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NOV 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Dames Quarter; MARYLAND; LENGTH OF STAY (In this place) Temporarily; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wicomico River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 312 Patterson Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edwin (Last) Messick

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 16, 1911

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Isaac James Messick

14. MOTHER'S MAIDEN NAME: Ella Esther Oliphant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Annabelle Messick (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
929.8 Immediate cause	(a) Accidental Drowning	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 183	(b)	
	(c)	

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at work ☐ Not while at work ☐: — HOW DID INJURY OCCUR?: —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford	M.D.	Princess Anne Md	6/4/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 6, 1951	Parsons Cemetery	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/51	R. E. Johnson, M.D.	Holloway & Co	Salisbury, Md

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JUN 4 1951
BUREAU V. S.

11571

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie	Louise	Morris	Nov.	I6	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Sept.-22-I878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work at Home	None	Dames Quarter Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Himphrey Shores	Elizabeth Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No		Mr. Fred Shores (Brother)

18. MEDICAL CERTIFICATION — Dames Quarter Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chron Nephritis

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310 (b) Heart-Condition

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Don't Know

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 10, 19 50, to Aug 10th 19 50, that I last saw the deceased alive on Aug 10th 19 50, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D Smith M.D. Princess Anne Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19-50	Shores Family Cemetery	Dames Quarter - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/20/50	BFC	Holloway & Company -	Salisbury, Md.

Walter R. Holloway

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NOV 20 1980

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Beechwood St.

3. NAME OF DECEASED (Type or Print) (First) Bernice (Middle) W. (Last) Phoebus
4. DATE OF DEATH (Month) Nov. (Day) 14 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 9, 1883
9. AGE last birthday 67 yrs. If under 1 year Months 9 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice Plant Business
10b. KIND OF BUSINESS OR INDUSTRY Selling Ice
11. BIRTHPLACE (State or foreign country) Oriole, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry B. Phoebus
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Harry T. Phoebus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension, mild diabetes

(c) Generalized arteriosclerosis

332X
61

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death —

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/30, 1950, to 11/14, 1950, that I last saw the deceased alive on 11/13, 1950, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Collicott, M.D. ADDRESS Princess Anne, Md DATE SIGNED 11/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 16, 1950
NAME OF CEMETERY OR CREMATORY Oriole Cemetery
LOCATION (City, town, or county) Oriole (State) Md

DATE REC'D BY LOCAL REG. 11/16/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Dale Doshiell, Princess Anne, Md ADDRESS

156X3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

11573

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Princess Anne, Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ; LENGTH OF STAY (in this place) ; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sadye (Middle) Green (Last) Phoebus

4. DATE OF DEATH: (Month) Nov (Day) 30 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 3 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months 11 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: John Green

14. MOTHER'S MAIDEN NAME: Margaret Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none.

17. INFORMANT AND ADDRESS: Mrs. Margaret Dryden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sarcoma (st. leg) 2/1/50 - 11/30/50

199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55e (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Left Breast 5/15/50 - 11/30/50

19a. DATE OF OPERATION: 6/1/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Left Breast Sarcoma st. Leg

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ; PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY ; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ; INJURY OCCURRED While at Work ☐ Not While At work ☐ ; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/50, 19..... to 11/30/50, 19....., that I last saw the deceased alive on 11/30/50, 19....., and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. B Woolford MD Princess Anne 12/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial ; DATE THEREOF Dec 2, 1950 ; NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery ; LOCATION (City, town, or county) (State) Princess Anne Md.

DATE REC'D BY LOCAL REG. 12/1/50 ; REGISTRAR'S SIGNATURE K. H. Johnson, M.D. ; 24. FUNERAL DIRECTOR ADDRESS Dale Dashiell Pr Anne Md

92.

RECEIVED
DEC 4 1950
BUREAU

Evidence for addition in #21 shown on:
FILM No. G 130 JAN 18 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11574

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR Dames Quarter | LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nanticoke River.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 104 Elizabeth St. ✓

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Sterling (Last) Smyth
4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 8, 1892
9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Theatre Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Theater
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel S. Smyth
14. MOTHER'S MAIDEN NAME: Lillie Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO. —
17. INFORMANT: Houston Todd (Cousin)

18. MEDICAL CERTIFICATION — Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
850.0 Immediate cause	(a) DROWNING	
172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Dames Quarter (COUNTY) Somerset (STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov 5-1950 -3.00 pm
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Skiff overturned in river (1/18/51 alc)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Henry M Lankford M.D Princess Anne Md 11/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-7-1950 | NAME OF CEMETERY OR CREMATORY: Parson Cemetery | LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. 11/7/50 | REGISTRAR'S SIGNATURE: K. H. Johnson, M.D. | 24. FUNERAL DIRECTOR: Lewis B. Wilson | ADDRESS: Princess Anne, Md. 1569

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11575

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland-Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location) 313 Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MANIE	L.	SOMERS	Nov. 3, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Sept. 20, 1863	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	near Crisfield, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Holland	Elizabeth Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		John C. Somers -- Broadway Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ~~[illegible]~~ Cerebral hemorrhage	c 2 days
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 820	(b) Hemiplegia, rt.	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 26, 1950, to Nov 3, 1950, that I last saw the deceased alive on Nov 3, 1950, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C G Rawley M.D.		Crisfield Md.	11/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Nov. 6, 1950	St. Peter's Cemetery	Hopewell, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/4/50	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield

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NOV 6 1950
BUREAU V. S

11576

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural, give location) Asbury Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) J. (Last) Sterling
4. DATE OF DEATH (Month) Nov. (Day) 7 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept. 1861
9. AGE last birthday 89 yrs. If under 1 year Months 2 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Fairmount - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Washington Bosman
14. MOTHER'S MAIDEN NAME Mary Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Paul E. Maddrix, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis	5 yrs.
1150.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
122a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hernia (inguinal)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19 7, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md DATE SIGNED 11/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 9, 1950
NAME OF CEMETERY OR CREMATORY Sterling Family Cem.
LOCATION (City, town, or county) Lawsonia - Crisfield, Md (State)
DATE REC'D BY LOCAL REG. 11/9/50
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Dueward S. Covington ADDRESS Crisfield, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 11 1950

Date Birth 4-5-1913

11577

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) E. (Last) Taylor
4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 50

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4 23 13
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundries
10b. KIND OF BUSINESS OR INDUSTRY At Md. State College
11. BIRTHPLACE (State or foreign country) Princess Anne, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Taylor
14. MOTHER'S MAIDEN NAME Lottie T. Glenmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Bessie Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Interstital Nephritis — 5 mths

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10th, 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman
ADDRESS Princess Anne, Md
DATE SIGNED 12.1.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-3-50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Princess Anne Md

DATE REC'D BY LOCAL REG. 12/3/50
REGISTRAR'S SIGNATURE R.H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR William H James Jr.
ADDRESS Princess Anne Md

448 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11578

Reg. Dist. No. 26/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset County; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (In this place) Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, Md.; STREET ADDRESS (If rural give location) R. F. D. #1 Box 55

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Lewis (Last) Waters

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 50

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: About 1871

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner Farmer

11. BIRTHPLACE (State or foreign country): Somerset County

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George L. Waters

14. MOTHER'S MAIDEN NAME: Sallie Bozgat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Herbert Waters

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart Failure 434.3 95c

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [X]

William H. Coulbourn DEPUTY MEDICAL EXAMINER SOMERSET COUNTY, MD.

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) Natural (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR? Natural Cause

22. I hereby certify that I attended the deceased from Dec. when I saw him, 19....., to ....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE W. H. Coulbourn (Degree or title) MD ADDRESS Crisfield Md DATE SIGNED Nov 28/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE November 24 1950; NAME OF CEMETERY OR CREMATORY Unionville; LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. November 28, 1950; REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR George W. Leighman ADDRESS

VS. A15

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DEC 4 1950
WEAU W. S